

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Heinen et al.

Title: CAPITAL EQUIPMENT ON-LINE
CONFIGURATOR INTERFACE

Appl. No.: Not yet assigned

Filing Date: Not yet assigned

Examiner: Not yet assigned

Art Unit: Not yet assigned

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL564018365US (Express Mail Label Number)	August 1, 2001 (Date of Deposit)
Deborah Kocorowski (Printed Name)	
<i>Deborah Kocorowski</i> (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTALCommissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

John Heinen
675 N. 70th Street
Wauwatosa, WI 53213David L. Ziler
N65 W35065 Baltic Pass
Oconomowoc, WI 53066☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (23 pages).
- ☒ Informal drawings (3 sheets, Figures 1-3).
- ☒ Executed Declaration and Power of Attorney (5 pages).
- ☒ Executed Assignment and Agreement of the invention to GE Medical Systems Global Technology Co., LLC. (3 pages)

☒ Information Disclosure Statement.

☒ Form PTO-1449 with copies of 1 listed reference(s).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	45	-	20	=	25	x	\$18.00	=	\$450.00
Independents:	5	-	3	=	2	x	\$80.00	=	\$160.00
If any Multiple Dependent Claim(s) present:						+	\$270.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late payment of filing fee						+	\$130.00	=	\$130.00
							SUBTOTAL:	=	\$1450.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):								=	\$00.00
							TOTAL FILING FEE:	=	\$1,450.00

☒ Please charge Deposit Account No. 07-845 in the amount of \$1,450.00 to cover the filing fee. A duplicate copy of this transmittal is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/1/01

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By



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